

# WISCONSIN BIRTH CERTIFICATE APPLICATION

**PENALTIES:** Any person who willfully and knowingly makes false application for a birth certificate is guilty of a Class I felony [a fine of not more than \$10,000 or imprisonment of not more than three years and six months, or both, per Chapter 69.24(1), Wisconsin Statutes].

<b>APPLICANT INFORMATION</b>	<b>THE FOLLOWING INFORMATION IS ABOUT THE PERSON COMPLETING THIS APPLICATION</b>					
	YOUR Name (Please Print)			YOUR Daytime Telephone Number ( )		
	YOUR Street Address		Apt. No.	MAIL TO Address (if different)	Apt. No.	
	City / State / Zip		City / State / Zip			
<b>RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE</b>	<p>According to Wisconsin Statute, a <b>CERTIFIED</b> copy of a <b>BIRTH</b> certificate is only available to a person with a "Direct and Tangible Interest." If you do not meet any of the criteria for boxes A – F, please refer to the information on page 2.</p> <p style="text-align: center;">Check one box which indicates YOUR RELATIONSHIP to the PERSON NAMED on the certificate.</p> <p><input type="checkbox"/> A. I am the PERSON NAMED on the certificate.</p> <p><input type="checkbox"/> B. I am the <b>parent</b> of the PERSON NAMED on the certificate, and my parental rights have not been terminated. (<b>Note:</b> In the case of a non-marital birth, the father's rights must have been established before he may obtain a copy of the certificate under this category.)</p> <p><input type="checkbox"/> C. I am the <b>legal custodian or guardian</b> of the PERSON NAMED on the certificate.</p> <p><input type="checkbox"/> D. I am a <b>member of the immediate family</b> of the PERSON NAMED on the certificate. (Only those listed below qualify as immediate family.)</p> <p style="padding-left: 40px;">CHECK ONE:    <input type="checkbox"/> Spouse    <input type="checkbox"/> Child    <input type="checkbox"/> Brother    <input type="checkbox"/> Sister    <input type="checkbox"/> Grandparent</p> <p><input type="checkbox"/> E. I am a <b>representative authorized</b>, in writing, by any of the aforementioned (A through D). The written authorization must accompany this application.</p> <p style="padding-left: 40px;">Specify whom you represent. _____</p> <p><input type="checkbox"/> F. I can demonstrate that the information from the birth certificate is necessary for the <b>determination or protection of a personal or property right</b> for myself/my client/my agency.</p> <p style="padding-left: 40px;">Specify interest. _____</p> <p><input type="checkbox"/> G. Other: Uncertified copy only. Copy will not be valid for identification purposes. (Please refer to the information on page 2.)</p>					
	<b>FEES</b>	<input type="checkbox"/> Search Fee (includes one copy of the birth certificate, if found) ..... \$20.00 <u>20.00</u>				
		<input type="checkbox"/> Each additional copy of the same record, issued at the same time as the first copy _____ X 3.00 _____				
		No. of Copies <b>TOTAL</b> _____				
	NOTE: FEE IS NOT REFUNDABLE IF NO RECORD IS FOUND.					
	<b>BIRTH RECORD INFORMATION</b>	First Name		Middle Name		Last Name at Birth
		Sex	Birthdate (Mo/Day/Yr)	City		County
		Mother's MAIDEN Name		First Name		Middle Name
Father's Last Name		First Name		Middle Name		
<p>I hereby attest that the information provided on this application is correct to the best of my knowledge and belief and that I am entitled to copies of the requested certificate in accordance with the categories checked above.</p>						
SIGNATURE - Applicant (Person Completing Application)					Date Signed	
<b>Below is FOR OFFICE USE ONLY</b>						
File Date		Mother's County		Certificate No.		